

Whānau/Group/Culture/Team-Level Interventions

Group-level interventions are those "*interventions that emphasise how groups or teams work together and those that promote supportive interactions within those units.*" (page 32) ¹

Qualitative data from our unpublished research in 2022 suggest that "whānau" may be a preferred term in some settings to name this level, rather than the word "team" which to some had an impersonal, non-Māori, "corporate" air. There are many opportunities to promote supportive interactions at work in healthcare organisations. Potential interventions at the whānau level in NZEDs include Clinical Event Debriefing (CED) and Learning from Excellence (LfE).

Clinical Event Debriefing.

CED is considered useful in acute care settings, including EDs, ²⁻⁴ and is recommended as a quality standard by ACEM.⁵ For example, in a 2022 qualitative Canadian study, participants (n=30 multidisciplinary ED HCWs from a single site) were interviewed to assess their perceptions of a debrief method that had been used at the ED for several years.⁴ The majority of interviewees believed it contributed improving patient care (29/30, 97%), improved psychological safety and teamwork (26/30, 87%) and improved coping with stress (90%).

There are barriers to making this happens, though. All participants in the above study highlighted time constraints as a barrier.⁴ Our recent Assessment of Baseline Capability (ABC) survey of 59 participants from 29 NZEDs (unpublished data) questioned participants about s CED. A median of 50 (IQR 26.5-75.5 range 1-100) from 55 respondents agreed that there are opportunities to debrief (scale of 0-100, disagree strongly - agree strongly), while a median 60.5 (n=50, IQR 31.5-81.75 range 9-100) agree that debriefing addresses emotional and clinical issues.

Qualitative feedback from the same study includes:

"Debriefing is unfortunately not a routine or frequent occurrence within the department. There are a few clinicians who themselves instigate debriefs following stressful events, however this is not yet routine, and there have not yet been conversations around making this routine."

Although challenging in a busy ED, CED is a low-cost intervention that is not universally practiced in NZEDs that may support ED staff through improved psychological safety, teamwork and stress management, and improve patient care.

Positive feedback: Learning from Excellence

Civility saves lives⁶ is a movement that recognises the deleterious impact of rudeness on all stakeholders in healthcare. For example, in a RCT of 34 NICU teams in a simulation setting those exposed to rudeness performed worse compared to controls in various measures of procedural and diagnostic performance (composite scores 2.8 vs 3.3, p=0.008, and 2.6 vs 3.2 p=0.005 respectively).^{7,8}

Learning From Excellence is considered an antidote to rudeness in healthcare and is based upon the concept of safety-2.⁷ That is, learning from what goes well in healthcare in addition to the more traditional learning from what goes wrong. LfE systematically captures what goes well in a department and provides positive feedback to staff.

A 2016 paper outlines how such an approach has worked in an ICU.⁹ Rather than focus on what was not going well, a focus on what went well was instituted. A survey one year into the pilot (229/339 PICU staff members responded) demonstrated clear support for the LfE initiative. Staff strongly supported the hypothesis that excellence reporting can improve staff morale (93% agree or strongly agree) and improve quality of care (87% agree or strongly agree). Based upon LfE, an intervention to improve "Gold Standard" antibiotic prescribing resulted in an improvement from 18% to 35% ($p=0.045$; χ^2) post intervention.

A 2022 study of a French NICU/PICU-based program based upon LfE demonstrated the program was feasible, 93% of respondent staff were satisfied ($n=52$), 93% agreed that it improved communication among staff and showed a non-statistically significant improvement in staff burnout.¹⁰

An audit of the "Greatix" system of department-wide positive feedback, based upon LfE, 6 months after its introduction to a London paediatric ED demonstrated that most of the 261 submissions were for positive non-technical skills.¹¹ The system has since been introduced throughout the hospital and Adult ED.

Although systems for positive feedback exist in many NZEDs, room for improvement seems to exist. From our recent survey, responses to the statement "the improvement environment allows us to gain important insights into what we do well" from the Improvement Readiness (IR) scale, less than half of the 59 respondents agreed ($n=24$) or strongly agreed ($n=1$), while the majority, ($n=34$), were either neutral ($n=19$), disagreed ($n=12$), or strongly disagreed ($n=3$).

Qualitative feedback re-enforces the challenges with communication within the department, particularly among different staff groups:

"Communication within the department is not straightforward - there is a gap between nursing and doctoring staff, which means that often as staff members we are not aware of what is truly going on within the department, particularly in terms of improvement projects."

This highlights a potential area for improvement within NZ EDs that may be challenging to implement but seems relatively low-cost and is potentially beneficial to staff morale and quality of patient care.

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